

FEE TRANSMITTAL **FY 2001**

Complete if Known

Application Serial Number	09/441,875
Filing Date	November 17, 1999
First Named Inventor	Charlton
Group Art Unit	1641
Examiner Name	Pensce T. Do
Attorney Docket No.	CWP-012CN3

METHOD OF PAYMENT

1. ☐ Payment Enclosed:
☐ Check ☐ Money Order ☐ Other
2. ☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.
☒ Required Fees (copy of this sheet enclosed).
☒ Additional fee required under 37 CFR 1.16 and 1.17.
☒ Overpayment Credit.
3. ☐ Applicant claims small entity status.

FEE CALCULATION

1. FILING FEE

Large Entity Fee (\$)	Fee Description	Fee Paid
710	Utility filing fee	
320	Design filing fee	
150	Provisional filing fee	

Total Claims	Number Filed	Number Extra	Rate	Amount
	- 20 =		x \$ 18.00 =	

Independent Claims	Number	Rate	Amount
	- 3 =	x \$ 80.00 =	

☐ Multiple Dependent Claim(s), if any \$270.00 =

TOTAL:
 SMALL ENTITY DISCOUNT:
 SUBTOTAL (1) (\$) 0.00

2. AMENDMENT CLAIM FEES

Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
Total	-	=	x \$ 18.00 =	
Indep.	-	=	x \$ 80.00 =	
<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$270.00 =	

TOTAL: (\$)
 SMALL ENTITY DISCOUNT: (\$)
 SUBTOTAL (2) (\$0.00)

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	For filing a request for reexamination	
110	55	Extension for reply within first month	110.00
390	195	Extension for reply within second month	
890	445	Extension for reply within third month	
1,390	695	Extension for reply within fourth month	
1,890	945	Extension for reply within fifth month	
310	155	Notice of Appeal	
310	155	Filing a brief in support of an appeal	
270	135	Request for oral hearing	
130	130	Petitions to the Commissioner	130.00
50	50	Petitions related to provisional applications	
180	180	Submission of Information Disclosure Statement	
710	355	Filing a submission after final rejection (37 CFR 1.129(a))	
710	355	For each additional invention to be examined (37 CFR 1.129(b))	
		Terminal Disclaimer to Obviate a Double Patenting Rejection Over a Prior Patent	110.00
Other fee (Specify)			

SUBTOTAL (3) (\$) 350.00

SUBTOTAL (1) 0.00
 SUBTOTAL (2) 0.00
 SUBTOTAL (3) 350.00

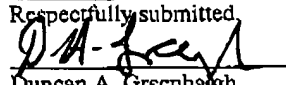
TOTAL (\$) 350.00

CORRESPONDENCE ADDRESS

Direct all correspondence to:
 Patent Administrator
 Testa, Hurwitz & Thibault, LLP
 High Street Tower-125 High Street
 Boston, MA 02110
 Tel. No.: (617) 248-7000
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SIGNATURE BLOCK

Date: September 20, 2001
 Reg. No.: 38,678
 Tel. No.: (617) 248-7317
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Respectfully submitted,

 Duncan A. Greenhagh
 Attorney for the Applicants
 Testa, Hurwitz & Thibault, LLP
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TRANSMITTAL FORM

Application Serial Number	09/441,875
Filing Date	November 17, 1999
First Named Inventor	Charlton
Group Art Unit	1641
Examiner Name	Pensee T. Do
Attorney Docket No.	CWP-012CN3
BATCH NO. (after allowance)	Not applicable
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Check Attached
<input checked="" type="checkbox"/> Copy of Fee Transmittal Form

<input checked="" type="checkbox"/> Amendment/Response
<input type="checkbox"/> Preliminary
<input checked="" type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]

<input checked="" type="checkbox"/> Petition for Extension of Time (including copy of same)

<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Form PTO-1449
<input type="checkbox"/> Copies of IDS Citations

<input type="checkbox"/> Certified Copy of Priority Document(s)

<input type="checkbox"/> Sequence Listing submission
<input type="checkbox"/> Paper Copy/CD
<input type="checkbox"/> Computer Readable Copy
<input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)

<input type="checkbox"/> Formal Drawing(s)

<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal

<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)

<input checked="" type="checkbox"/> Terminal Disclaimer

<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application

<input type="checkbox"/> Small Entity Statement

<input type="checkbox"/> CD(s) for large table or computer program

<input type="checkbox"/> Amendment After Allowance

<input type="checkbox"/> Request for Certificate of Correction
<input type="checkbox"/> Certificate of Correction (in duplicate) | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences

<input type="checkbox"/> Appeal Brief (in triplicate)

<input type="checkbox"/> Status Inquiry

<input type="checkbox"/> Return Receipt Postcard

<input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8

<input checked="" type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8

<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)
<input checked="" type="checkbox"/> Certificate Under 37 CFR 3.73(b)
<input checked="" type="checkbox"/> Copy of Filing Receipt
<input checked="" type="checkbox"/> Copy of Recorded Assignment |
|---|---|--|

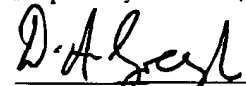
CORRESPONDENCE ADDRESS

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 Testa, Hurwitz & Thibault, LLP
 High Street Tower
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 Boston, MA 02110
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Respectfully submitted,



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TELECOPY COVER SHEET

Equipment Operator Contact Number: 617-248-8257. Please call if you do not receive all the pages.

Date: September 20, 2001**FAX RECEIVED****TO:** **Name:** Examiner Pensee T. Do (GROUP ART UNIT 1641)

SEP 21 2001

Company: U.S. Patent and Trademark Office**GROUP 1600****Address:** Washington, DC 20231**Telephone:****Fax:** (703) 308-4242**FROM:** **Sender:** Duncan A. Greenhalgh**Number of Pages INCLUDING This Cover Sheet:** Nineteen (19)**Your Ref:** U.S.S.N. 09/441,875 (1451/2)**Comments:**

2180426_1

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Sent by _____ **Date Sent** _____ **Time Sent** _____

PATENT
Attorney Docket No. CWP-012CN3

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

FAX RECEIVED

APPLICANT(S): Charlton *et al.*

SERIAL NO.: 09/441,875

GROUP NO.: 1641

SEP 21 2001

FILING DATE: November 17, 1999

EXAMINER: Pensee T. Do

GROUP 1600

TITLE: TEST DEVICE AND METHOD FOR COLORED PARTICLE
IMMUNOASSAY**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this correspondence, and any document(s) referred to as attached hereto, is/are being transmitted to the United States Patent and Trademark Office, Facsimile No. (703) 308-4242 on this 20th day of September, 2001.

Keri Lennon
Keri Lennon

OFFICIAL

Attached hereto is/are:

1. Fee Transmittal Form (1 page)
2. Copy of Fee Transmittal Form (1 page)
3. Transmittal Form (1 page)
4. Amendment/Response After Final (8 pgs.)
5. Petition for Extension of Time Under 37 CFR 1.136(a) (1 page)
6. Copy of Petition for Extension of Time Under 37 CFR 1.136(a) (1 page)
7. Certificate Under 37 CFR 3.73(b) (1 page)
8. Terminal Disclaimer (1 page)
9. Copy of Filing Receipt (1 page)
10. Copy of Recorded Assignment (1 page)



ASSISTANT SECRETARY AND COMMISSIONER
OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT LINES
09/441,875	11/17/99	1643	\$760.00	CWP-012CN3	1	13

RECEIVED

PATENT ADMINISTRATOR
TEST HURWITZ & THIBEAULT LLP
125 HIGH STREET
HIGH STREET TOWER
BOSTON MA 02110

DEC 27 1999

TESTA, HURVITZ & IMBEAULT

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) DAVID E. CHARLTON, ALLENTOWN, NJ; NEAL W. MILLER,
LEBANON, PA.

CONTINUING DATA AS CLAIMED BY APPLICANT-
 08/88

DATA AS CLAIMED BY APPLICANT-					
THIS	APPLN IS A CON	OF	08/886,088	07/02/97	PAT 5,989,921
	WHICH IS A CON	OF	07/995,331	12/23/92	PAT 5,714,389
	WHICH IS A CON	OF	07/702,450	05/16/91	ABN
	WHICH IS A CON	OF	07/211,582	06/27/88	ABN

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/17/99

TITLE
TEST DEVICE AND METHOD FOR COLORED PARTICLE IMMUNOASSAY

PRELIMINARY CLASS: 436

DATA ENTRY BY: RIVERS, ANNETTE

TEAM: 01 DATE: 12/17/99

DATA ENTRY BY: REVEREND, ...

(See reverse for new important information)